This policy has been developed through review of medical literature, consideration of medical necessity, generally accepted medical practice standards, and approved by the IEHP Pharmacy and Therapeutic Subcommittee.

**Drug:** Lupron Depot (leuprolide)  
**Class:** GnRH agonist  
**Formulary medication:** oral contraceptives, subcutaneous progestin  
**Effective Date:** November 19, 2014  
**Revision Date:** November 19, 2014

**Policy/Criteria:**

1. Treatment of pelvic pain and endometriotic lesions due to endometriosis:\(^1,2\):
   a. It may not be prescribed for the sole purpose of infertility treatment, as such is not a covered Medi-Cal benefit.
   b. Confirmed diagnosis by obstetrician or gynecologist and documented symptoms of dysmenorrhea and/or irregular bleeding and/or significant pain associated with endometriosis.
   c. GnRH agonists are not considered first-line therapy of endometriosis and should be used only when all other therapies (e.g., oral contraceptives, progestin-only contraceptives, then danazol) have failed or cannot be used.
   d. The preferred non-formulary GnRH agonist is Zoladex (gosrelin) and will require documented trial and failure of Zoladex prior to approving Lupron.
   e. Authorization of treatment is limited to 6 months. Treatment beyond 6 months will require clinical justification (e.g. substantial response to therapy and likelihood of further response) and supportive documents (e.g. bone mineral density evaluation).

2. Treatment of uterine myomata or leiomyoma in women with anemia and to whom myomectomy or hysterectomy are indicated:\(^1,3-4\):
   a. These medications should not be used to decrease uterine volume unless hysterectomy or myomectomy is anticipated within 3-4 months.
   b. Confirmed diagnosis by obstetrician or gynecologist.
   c. Must be prescribed with supplemental iron.
   d. Authorization of treatment is limited to 3 months. Extension of the treatment period for a maximum of 6 months will require clinical justification (e.g. likelihood of further response and surgery planned within 3 months).
3. Lupron may be medically necessary if it is used for the palliative treatment of prostate cancer.\textsuperscript{1,4}
   a. Confirmed diagnosis for palliative treatment by oncologist or urologist
   b. The preferred GnRH agonist is Zoladex (goserelin). Treatment failure must be documented prior to approval of Lupron.

4. Lupron may be medically necessary if it is used for central precocious puberty\textsuperscript{1,5}.
   a. Confirmation of diagnosis (e.g. onset of secondary sexual characteristics earlier than 8 years of age in females and 9 years of age in males)

5. Lupron may be medically necessary for breast cancer (\textit{off-label})
   a. Diagnosis of premenopausal or peri-menopausal women with metastatic or recurrent breast cancer and hormone-receptor positive
   b. Restricted to ASCO/NCCN recommendation
   c. Prescribed by oncologist
   d. The preferred non-formulary GnRH agonist is Zoladex (goserelin) and will require documented trial and failure of Zoladex prior to approving Lupron.

\textbf{Clinical Justification:}

The American College of Obstetricians and Gynecologists (ACOG) recommends medical management of endometriosis using oral contraceptives, progestins, danazol, nonsteroid anti-inflammatory drugs and gonadotropin-releasing hormone (GnRH) agonists. All the recommended medications effectively reduce the size and growth of endometrial tissue.

The National Comprehensive Cancer Network (NCCN) indicates the use of luteinizing hormone-releasing hormone agonists (goserelin and leuprolide) for ovarian suppression is appropriate in women with recurrent or metastatic disease and are hormone positive. Zoladex (goserelin) currently has an FDA indication for palliative treatment in advanced breast cancer for pre and perimenopausal women, and hence, is the preferred agent. Lupron (leuprolide) does not currently have this FDA indication.

\textbf{REFERENCES:}
